

New Jersey MIECHV Program FY 2022

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

supports the [New Jersey Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for expectant and new parents with children through kindergarten entry age living in communities that are at-risk for poor maternal and child health outcomes¹.

New Jersey MIECHV Program At-a-Glance

Non-rural counties by Funding

Source:

MIECHV: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren



Participants

9,167

Households

4,967

Home Visits

58,658

New Jersey Prioritizes Community Needs

MIECHV Program awardees tailor their programs to serve populations of need within their state. In New Jersey:

- **66.2%** of households were at or below 100% of the Federal Poverty Guidelines
- **13.2%** of households included a pregnant enrollee under age 21

New Jersey Performance Highlights

MIECHV Program awardees track and report improvements in MIECHV benchmark areas every year. Awardees are required by authorizing statute to demonstrate improvement in benchmark areas every three years. In the most recent assessment following FY 2020, the New Jersey MIECHV program successfully met the requirements for demonstration of improvement by improving in 5 of the 6 MIECHV [benchmark areas](#).

FY 2022 Performance Highlights Include:

- **Early Language and Literacy Activities:** 83.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis. Children who are spoken to frequently by their caregivers have larger vocabularies and literacy skills, which are linked to later academic, social, and cognitive functioning.
- **Parent Voice:** New Jersey MIECHV home visiting has extensively committed to centering parent voices by creating a funded position for parents. Parents work across state-level meetings to ensure their voices are present in all conversations and involved in Continuous Quality Improvement work efforts.

Evidence-Based Home Visiting Models in New Jersey

[Nurse-Family Partnership \(NFP\)](#)

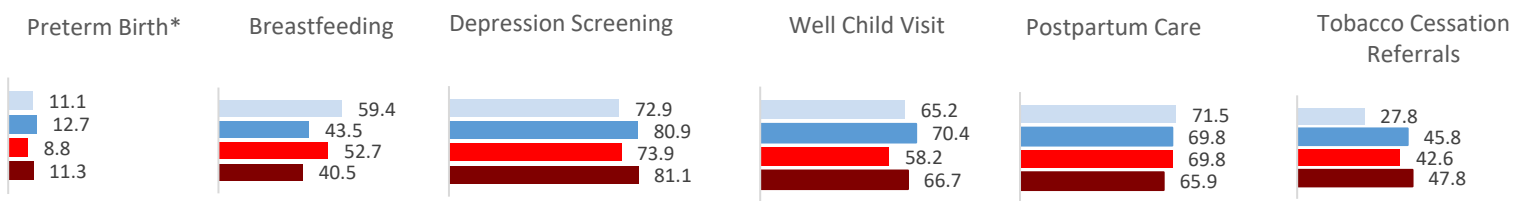
[Parents as Teachers \(PAT\)](#)

[Healthy Families America \(HFA\)](#)

¹ HRSA awarded ARP [American Rescue Plan Act](#) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

New Jersey MIECHV Performance Measurement Data Compared to MIECHV Averages²

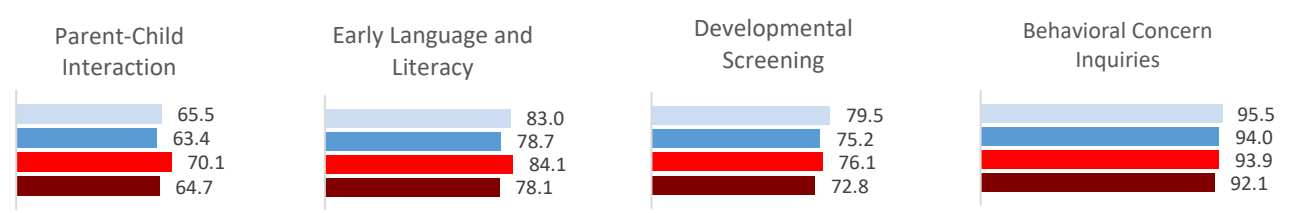
Benchmark Area 1 – Maternal and Newborn Health Outcomes



Benchmark Area 2 – Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits

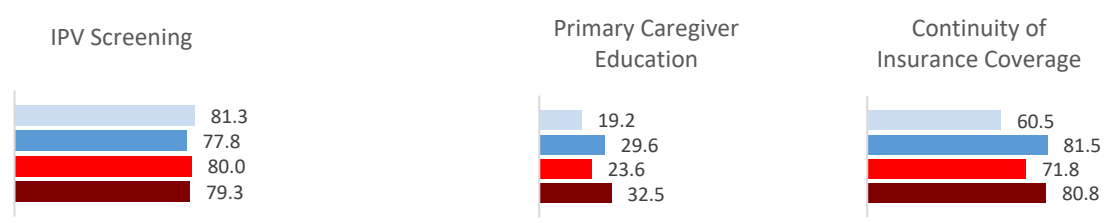


Benchmark Area 3 – School Readiness and Achievement

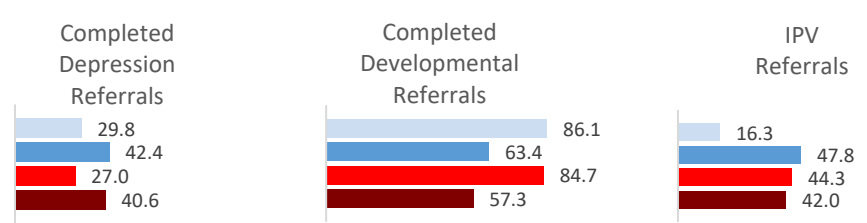


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



Benchmark Area 6 – Coordination and Referrals for Other Community Resources and Supports



New Jersey MIECHV (FY 2022)
 MIECHV National Average (FY 2022)
 New Jersey MIECHV Rolling Average (FY 2019- FY 2021)
 MIECHV National Rolling Average (FY 2019- FY 2021)

² Comparison to a three-year average minimizes the effects of outliers or potential data reporting issues specific to one year.
 * Direction for improvement in performance is downwards. **Child Injury reported as a rate